

A Call for Family-Based Treatment Initiatives in Saskatchewan: A Harm Reduction and Recovery Approach

Joint Submission to the Drug Task Force

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Background

This discussion paper is a joint submission between the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) and Saskatchewan Association of Social Workers (SASW) in response to Saskatchewan's Drug Task Force's (DTF) Community Engagement Initiative. Registered Psychiatric Nurses (RPNs) and Registered Social Workers (RSWs) often work together as part of multidisciplinary teams to support Saskatchewan residents who are using or impacted by substance use. A joint submission serves as an example of the possibilities interdisciplinary collaboration can offer in reducing the harms of problematic substance use. For more information on RPNAS and SASW, and the roles of our respective professions, see Appendices A and B. We would also like to express our appreciation for being given the opportunity to provide this submission.

Content within this paper is informed by a review of current literature, an environmental scan, and existing policy and program initiatives. The literature review and environmental scan were not exhaustive but show common themes and a strong evidence base for family-based treatment as a harm reduction-informed policy and practice. Family-based treatment approaches also address the DTF pillar of recovery. The evidence base for such approaches is consistent with the values, ethics, and standards of practice for RPNs and RSWs.

Executive Summary

An opportunity exists in Saskatchewan to expand evidence-informed, community-driven policy and practice relating to substance use. RPNAS and SASW recommend that the DTF, or a committee/stakeholder designate, create a call for community-developed, family-based substance use treatment programs and interventions.

Family-Based Treatment

Evidence shows that childhood experiences set children up for their future. Adverse experiences impact the health and well-being of children into adulthood. Exposure to problematic substance use (e.g., alcohol, illicit and prescription drugs, solvents), caregivers who have mental illness, violence, abuse, neglect, and poverty are some of the key triggers for childhood trauma, which can lead to physical and mental illness in adulthood (Centers for Disease Control and Prevention, 2021). The RPNAS and SASW see significant community benefit in creating treatment programs and substance use interventions which address the needs of entire families. Family-based substance use programs can have positive impacts by reducing risks and increasing factors that prevent children from experiencing traumatic events. In addition to prevention and harm reduction, acknowledging the relationship between adverse experiences, substance use, and mental health can inform recovery treatment approaches which address the needs of people who use substances and their family members of all ages.

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Literature Review

Approaches to treating addiction have traditionally focused on the individual using substances with the goal of reducing their physical, mental, and emotional symptoms related to the use (Copello, 2010). An approach that considers the families and communities impacted by substance use can have multiple benefits for individuals, families, and communities. Relevant grey and white literature were reviewed to identify the following:

- Adverse childhood experiences are an important consideration in substance use policy and practice informed by social determinants of health.
- Research relating to adverse childhood experiences and substance use disorders show that increased adverse childhood experiences are associated with landmarks of opioid use risk (i.e., age of opioid initiation, current intravenous drug use, and overdose) (Stein et al., 2017).
- When treatment options are limited, parents/guardians are often faced with the choice of separating from their children (e.g., placing them in the care of family members, or in the care of the Ministry of Social Services) or foregoing substance use treatment to remain with their children.
- Family-based treatment which considers the developmental phase of the person using substances, as well as the phase of the individual family members and combined family unit, can also support a reduction in the harms of substance use for older adults (Plant & Holland, 2018).
- Including families of all ages and stages in addressing substance use can have positive impacts and reduce the harms of substance use both on the person using substances and their family members.
 - Preliminary evidence suggests treatment that involves families is at least as effective (Lebensohn-Chiavlo et al., 2019) or more effective than evidence-based individual treatments and can support sustained recovery from substance use after treatment completion (Copello, 2010; Latimer et al., 2004; Karki et al., 2012; Silverstein, et al., 2021).
 - A systematic review found the most effective approach to substance use disorders was family-based “intervention that improved family functioning, support, monitoring, normative beliefs, social skills, and self-efficacy” (Karki et al., 2012, p. 408-409).
 - For adolescents, family-based interventions are shown to reduce substance use, improve health, decrease involvement in crime, and improve family functioning (Lebensohn-Chiavlo et al., 2019; Sherman, 2010).
 - There might be opportunities to expand harm reduction interventions to rural and remote communities through the involvement of supportive family members (Jackson et al., 2011).
 - Family treatment with a focus on harm reduction can help families navigate between providing healthy and unhealthy kinds of support (Denning, 2010).
 - Family treatment can also assist families respond to loved ones who use substances in a way that helps them get into treatment (Knopf, 2018; Knopf, 2019).
 - Providing treatment to families where the person using substances is not involved can also reduce harm (Copello, 2010).
 - Family-based treatment acknowledges family members’ needs as well as the person using substances, moving beyond an individual view of substance use; treating family members can lead to changes within the person using substances (Copello, 2010).

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- Enhanced community recovery services that involve the entire family may be of benefit in addition to family residential treatment.
- Family-involved and family-based treatment addresses the *Saskatchewan Mental Health and Addictions Action Plan* recommendation to implement a mental health and addictions system that is family and community centered (recommendations 5, 8, 10, and 13) (Stockdale Winder, 2014).
- Involving families and using harm reduction approaches developed at a community-level could support the Truth and Reconciliation Commission of Canada's (TRC, 2015) first and fifth Calls to Action. Calls 1 and 5 address keeping Indigenous families together and supporting the development of culturally appropriate parenting programs.
- Community-driven approaches that acknowledge the social nature of substance use could also support movement related to the TRC (2015) calls to reduce health disparities between Indigenous and non-Indigenous people and communities (calls to action 18 to 20).
- Expansion of family treatment programs and community-based family intervention could support the DTF goals to decrease deaths, overdoses, and use of substances that lead to overdose and death.
- Family treatment programs can be designed by community members and agencies to meet local needs.

Environmental Scan

Saskatchewan initiatives related to family-based treatment along with programs within our Prairie counterparts were reviewed.

- Saskatchewan has limited options for families to remain together while parents/guardians enter residential or substance use treatment.
- Saskatchewan programs that support families include:
 - Family Centered Addictions Program, Ranch Ehrlo Society
 - Families can attend treatment together; there are services for the individual who uses substances and their family members. Prevents separation of parents from children when parents are getting treatment for substance use (Ranch Ehrlo Society, 2021).
 - Intensive Family Support, Foxvalley Counselling Services Inc.
 - Supports families for up to 6 weeks. Families can stay together, children can remain in their home while parents receive intensive support and connection with services (Foxvalley Counselling Services Inc., n.d.).
- Within Alberta, there are services available to families at various phases of development:
 - Calgary Family Therapy Centre
 - Provides family therapy for families with members of all ages, services are not limited to substance use (Calgary Family Therapy Centre, 2021).
 - CASA Family Therapy Program, Child, Adolescent and Family Mental Health
 - For families with complex dynamics and at least one child under 18 years of age who has been diagnosed with a mental health disorder (including substance use) (Child, Adolescent and Family Mental Health, n.d.).
 - Mothers and Children Program, Alcove

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- A residential 12-week program that involves individual programming with the addition of parenting training, and relationship support for mothers and their children. Allows children to remain with their mothers who are in treatment for substance use. There is counselling available for children within the program (Alcove, 2015).
- Sahara Family Case Management Program - Punjabi Community Health Services Calgary
 - Provides case management and counselling to South Asian families in Calgary (Punjabi Community Health Services Calgary, n.d.).
- Manitoba has two programs that support families. One is focused on comorbid disorders and the other program is rooted within Indigenous culture and traditions:
 - Addictions Treatment Services Program, Behavioural Health Foundation
 - Long term, residential programming for men, women, and families experiencing substance use and co-occurring mental illness. Treatment length is open-ended (Behavioural Health Foundation, 2019).
 - The Mikaaming Mino Pimatiziwin Healing Lodge
 - The Mikaaming Mino Pimatiziwin Healing Lodge is a family treatment facility for First Nation and Inuit families who are having problems with substance use. The program is based on the culture and traditions of Indigenous People. It includes services for up to four families (Mikaaming Mino Pimatiziwin Healing Lodge, n.d.).

Conclusion

Family treatment aligns with DTF pillars of harm reduction, prevention, and recovery. Expanding to a social model to address substance use problems can have benefits for a variety of people, including both individuals who use substances and their family members. Based on the environmental scan, it is unclear what options for family treatment exist within Saskatchewan for families without young children. There are examples of community-based organizations that have begun to address this gap for families with children (i.e., Ranch Ehrlo Society and Foxvalley Counselling Services' programs). It is likely that this approach to treatment is under-utilized in Saskatchewan and that expanded provision of family-based treatment programs would decrease the harms related to substance use while preserving families. Individuals, families, and communities impacted by substance use have lived experience that is important in determining solutions at a community level.

Recommendations:

The RPNAS and SASW recommend the following

- 1) Policy and funding decisions that consider the impact of substance use on families, prioritizing family preservation and reducing adverse childhood experiences.
- 2) The DTF or a designate committee/stakeholder group call for proposals from Saskatchewan communities for family-based treatment pilot project

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Appendix A: Registered Psychiatric Nurses Association of Saskatchewan

The Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) regulates psychiatric nursing as a distinct profession. The RPNAS registers psychiatric nurses in Saskatchewan, sets and maintains the standards for RPN practice and licensure, evaluates and approves psychiatric nursing education programs, presides over disciplinary and peer review processes, and advocates for quality and integrated mental health services and policy.

RPNs are autonomous professionals. They work collaboratively with clients and other health care team members to coordinate health care and provide client-centered services to individuals, families, groups, and communities. RPNs focus on mental and developmental health, mental illness and addictions while integrating physical health care and utilizing bio-psycho-social and spiritual models for a holistic approach to care.

RPNs provide and coordinate services across the continuum of care. They are obligated to create and maintain therapeutic and collaborative relationships with clients (including individuals, families, groups, and communities) and use evidence-informed practices to deliver safe, competent, and ethical psychiatric nursing services. Quality psychiatric nursing care includes respecting individual rights and choices, including individuals' right to live at risk. RPNs also recognize the impact of socio-economic and political environments on health and mental health and advocate for sufficient and equitable resources for all people. RPN practice aligns with the DTF pillars, particularly the pillars of prevention, recovery, and harm reduction.

Information can be found at www.rpnas.com.

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Appendix B: Saskatchewan Association of Social Workers

The Saskatchewan Association of Social Workers (SASW) is a member-based organization that governs the profession of social work and serves and protects the public interest through: regulation of the social work profession; support to competent and ethical social work practice; promotion of the profession; and advocacy for social justice and well-being for all. We are an organizational member of the Canadian Association of Social Workers (CASW), adopting its *Code of Ethics* (2005). Registered social workers are spread across the province and employed by hospitals, schools, mental health and addictions services, government departments, First Nations agencies, community-based organizations, and other similar institutions. There are 2,400 Registered Social Workers in Saskatchewan.

Social work focuses on the person within their environment and recognizes the importance of family, community, culture, legal, social, spiritual, and economic influences that impact the well-being of individuals, families, groups, and communities. Social work applies a strengths-based perspective and views individual, families, and communities as resourceful, resilient, and having capacity. Principles of respect for the inherent dignity and worth of persons, the pursuit of social justice, and culturally responsive practice that applies an anti-oppressive lens to all areas of practice and is grounded in ethics, values, and humility, are central to social work.

Social work practice responds to needs of individuals, families, groups, and communities and addresses barriers and injustices in organizations and society. Social work focuses on improving health and social well-being using the social determinants of health framework when delivering services, navigating systems, and advocating for equitable access to and improvement of the multiple dimensions that impact health and well-being. Social work engages people and communities to address life challenges and traumatic events, to create change, and build resiliency. Social work also collaborates with other professionals, communities, and organizations to provide services, improve conditions, and create opportunities for growth, recovery, and personal development (CASW, 2020).

For more information on the SASW, visit www.sasw.ca.